



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KENTUCKIANA MEDICAL CENTER LLC

City of Hospital: CLARKSVILLE

Year Begin: 12/01/2014 (mm/dd/yyyy format)

Year End: 11/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Paul Newsom

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Medicare Provider Number: 15-0176

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$85262429
Outpatient Patient Service Revenue	\$24183870
Total Gross Patient Service Revenue	\$109446299

2. Deductions From Revenue

Contractual Allowance	\$71456682
Other Deductions	\$0
Total Deductions	\$71456682

3. Total Operating Revenue

Net Patient Service Revenue	\$37989617
Other Operating Revenue	\$203012
Total Operating Revenue	\$38192629

4. Operating Expenses

Salaries and Wages	\$11224283	Employee Benefits	\$2399747
Depreciation and Amortization	\$2054451	Interest Expense	\$1536886
Bad Debt	\$0	Other Expenses	\$24206091
Total Operating Expenses	\$41421458		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$36222808
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$44210690

Total Net Gains	\$0
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$59333434	\$39559555	\$19773879
Medicaid	\$3730110	\$5812557	\$-2082447
Other Government	\$5126581	\$4345658	\$780923
Other State	\$0	\$0	\$0
Other Payers	\$41256174	\$21738912	\$19517262
Total	\$109446299	\$71456682	\$37989617

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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